2010 SEP -2 PM 1: 12

## FEC FORM 1

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## STATEMENT OF ORGANIZATION

•	(See instructions)					Office use only		
1.	NAME OF COMMITTEE (in t	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5			
Ц	First Amendm	ent Alliance						
Ш								
A <u>D</u> I	ORESS (number and s	treet)	Box 83		<u> </u>			
·	(Check if address is changed)	ــــــا						
			candria		L YAJ	22313		
				CITY	STATE	ZIP CODE 🛦		
CO	MMITTEE'S E-MAI	L ADDRESS (Pleas	e provide only one e-	mail address)				
energ	(Check if address	aho	m@mindspring.c	om	<u>. I. I. I. I. I.</u>			
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CO	MMITTEE'S WEB F	PAGE ADDRESS (L	JRL)					
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Type	e or Print Name of a	Treasurer	Anthony Holm  Holm	redge and belief it is true, correct	Date 0	7 2010		
NOTI	E: Submission of fals			subject the person signing this State  ON SHOULD BE REPORTED	·	• •		
	Office Use Only			For further information Federal Election Comm Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 02/2009)		